

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		10	4-2-01
<b>FORMALITY REVIEW</b>	ET	926	05-24-01
<b>RESPONSE FORMALITY REVIEW</b>	R.B	1076	07/20/01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	7/1/01
Original	7/1/01
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here